

80153515 1933715 SPECIMEN ID NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.
HOME DEPOT #1975
STORE MANAGER
3080 ROUTE 34
OSWEGO IL 60543
PH: 630-554-7092 FAX: --

B. MRO Name, Address, Phone and Fax No.
STUART B HOFFMAN MD FACP
CHOICEPOINT MRO SERVICES
5900 WILSHIRE BLVD #2200
LOS ANGELES CA 90036
PH: 800-733-6676 FAX: 866-355-1297

C. Donor SSN: _____

D. Donor Name: Last: _____ First: _____

E. Donor ID Verified: ☐ Photo ID ☐ Hand Stamp ☐ Emp. Rep. _____

F. Reason for Test: ☐ Pre-employment (1) ☐ Reasonable Suspicion/Cause (5) ☐ Post-Accident (2) ☐ Promotion (22) ☐ Post Rehab (99)

G. Drug Tests to be Performed:

() 35496N SAP 6-50/2000 U/NIT
() 0443N BLOOD ALCOHOL (FOR REASONABLE SUSPICION ONLY)



H. Collection Site Name: _____ Collection Site Code: _____
Address: _____ Collector Phone No.: _____
City, State and Zip: _____ Collector Fax No.: _____

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☐ Yes ☐ No, Enter Remark

Specimen Collection: ☐ Split ☐ Single ☐ None Provided (Enter Remark) ☐ Observed (Enter Remark)

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

X Signature of Collector _____ AM
Time of Collection _____ PM
(Print) Collector's Name (First, MI, Last) _____
Date (Mo./Day/Yr.) _____

SPECIMEN BOTTLE(S) RELEASED TO:

☐ Quest Diagnostics Courier ☐ FedEx
☐ DHL / Airborne ☐ Other
Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB: X Signature of Accessioner _____
(Print) Accessioner's Name (First, MI, Last) _____
Date (Mo./Day/Yr.) _____

Primary Specimen Bottle Seal Intact

☐ Yes
☐ No, Enter Remark Below

SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

X Signature of Donor _____ (PRINT) Donor's Name (First, MI, Last) _____
Date (Mo./Day/Yr.) _____
Daytime Phone No. () _____ Evening Phone No. () _____
Date of Birth _____
Mo. Day Yr.

_____ Date (Mo. Day Yr.) _____ Donor's Initial's	CENTER OVER CAP 	 80153515 - 1933715 SPECIMEN ID NUMBER
_____ Date (Mo. Day Yr.) _____ Donor's Initial's	CENTER OVER CAP 	 80153515 - 1933715 SPECIMEN ID NUMBER

COPY 1 - LABORATORY

30153515 1933715 SPECIMEN ID NO.
STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

HARRIS DEPUTY 21975

SYDNEY MANAGER

3000 ROUTE 34

DOWNEY IL 0543

PH: 630-554-7092 FAX

B. MRO Name, Address, Phone and Fax No.

STUART B HOFFMAN MD FACP

CHOICEPOINT HRD SERVICES

5900 WILSHIRE BLVD #2200

LOS ANGELES CA 90036

PH: 800-733-6676 FAX: 866-355-1297

C. Donor SSN:**D. Donor Name:**

Last:

First:

E. Donor ID Verified:☐ Photo ID☐ Hand Stamp☐ Emp. Rep.**F. Reason for Test:**☐ Pre-employment (1)☐ Reasonable Suspicion/Cause (5)☐ Post-Accident (2)☐ Promotion (22)☐ Post Rehab (99)**G. Drug Tests to be Performed:**

() 35496H SAP 6-50/2000 W/HT

H. Collection Site Name:**Collection Site Code:**

Address:

City, State and Zip:

Collector Phone No.:

Collector Fax No.:

STEP 2: COMPLETED BY COLLECTORRead specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☐ Yes ☐ No, Enter Remark**Specimen Collection:**☐ Split☐ Single☐ None Provided (Enter Remark)☐ Observed (Enter Remark)**REMARKS****STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.****STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY**

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

X

Signature of Collector

Time of Collection

AM

PM

(Print) Collector's Name (First, MI, Last)

Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:☐ Quest Diagnostics Courier☐ FedEx☐ DHL / Airborne☐ Other

Name of Delivery Service Transferring Specimen to Lab:

RECEIVED AT LAB: X

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Primary Specimen Bottle Seal Intact☐ Yes☐ No, Enter Remark Below**SPECIMEN BOTTLE(S) RELEASED TO:****STEP 5: COMPLETED BY DONOR**

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

X

Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Daytime Phone No. ()

Evening Phone No. ()

Date of Birth

Mo. Day Yr.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:

☐ NEGATIVE☐ POSITIVE☐ TEST CANCELLED☐ REFUSAL TO TEST BECAUSE:☐ DILUTE☐ ADULTERATED☐ SUBSTITUTED**REMARKS****X**

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:

☐ RECONFIRMED☐ FAILED TO RECONFIRM - REASON**X**

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

COPY 2 - SEND DIRECTLY TO MEDICAL REVIEW OFFICER - DO NOT SEND TO LABORATORY

10150515 1033715 SPECIMEN ID NO.

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

HUME DEPOT # 975

STONE HAMMER

3000 ROUTE 30

ROSELAND IL 60438

PH: 630-554-7092 FAX

B. MRO Name, Address, Phone and Fax No.

STUART B HOFFMAN MD FACE

CHOICEPOINT MRO SERVICES

5900 WILSHIRE BLVD #2200

LOS ANGELES CA 90036

PH: 800-733-6676 FAX: 866-355-1297

C. Donor SSN:**D. Donor Name:**

Last:

First:

E. Donor ID Verified:☐ Photo ID☐ Hand Stamp☐ Emp. Rep.**F. Reason for Test:**☐ Pre-employment (1)☐ Reasonable Suspicion/Cause (5)☐ Post-Accident (2)☐ Promotion (22)☐ Post Rehab (99)**G. Drug Tests to be Performed:**

() 35496N SAF 6-50/2000 H/NIT

H. Collection Site Name:

Collection Site Code:

Address:

City, State and Zip:

Collector Phone No.:

Collector Fax No.:

STEP 2: COMPLETED BY COLLECTORRead specimen temperature within 4 minutes. Is temperature between 90° and 100° F? ☐ Yes ☐ No, Enter Remark**Specimen Collection:**☐ Split☐ Single☐ None Provided (Enter Remark)☐ Observed (Enter Remark)**REMARKS****STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.****STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY**

I certify that the specimen, given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

X

Signature of Collector

Time of Collection

AM

PM

(Print) Collector's Name (First, MI, Last)

Date (Mo./Day/Yr.)

SPECIMEN BOTTLE(S) RELEASED TO:☐ Quest Diagnostics Courier☐ FedEx☐ DHL / Airborne☐ Other

Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB:**X**

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Primary Specimen Bottle Seal Intact☐ Yes☐ No, Enter Remark Below**SPECIMEN BOTTLE(S) RELEASED TO:****STEP 5: COMPLETED BY DONOR**

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

X

Signature of Donor

(PRINT) Donor's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Daytime Phone No.

Evening Phone No.

Date of Birth

Mo. Day Yr.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

COPY 3 - COLLECTOR RETAINS - DO NOT SEND TO LABORATORY

INSTRUCTIONS FOR COMPLETING FORENSIC DRUG TESTING CUSTODY AND CONTROL FORM

NOTE: Use ballpoint pen, press hard, print all information with the exception of signatures, and check all copies for legibility.

- A. Collector ensures that the Specimen ID number on the top of the CCF matches the specimen ID number on the labels/seals.
- B. Collector provides the required information in STEP 1 on the CCF. The collector provides the remark in STEP 2 if the donor refuses to provide his/her SSN or Employee ID number.
- C. ☐ Collector gives a collection container to the donor for providing a specimen.
- D. After the donor gives the specimen to the collector, the collector checks the temperature of specimen within 4 minutes and marks the appropriate temperature box in STEP 2 on the CCF. The collector provides a remark if the temperature is outside the acceptable range.
- E. Collector checks the split or single specimen collection box. If no specimen is collected, that box is checked and a remark is provided. If no specimen is collected, Copy 1 is discarded and the remaining copies are distributed as required.
- F. Donor watches the collector pouring the specimen from the collection container into the specimen bottle(s), placing the cap(s) on the specimen bottle(s) and affixing the label(s)/seal(s) on the specimen bottle(s).
- G. Collector dates the specimen bottle label(s) after they are placed on the specimen bottle(s).
- H. Donor initials the specimen bottle label(s) after the label(s) have been placed on the specimen bottle(s).
- I. Collector instructs the donor to read the certification statement in STEP 5 and to sign, print name, date, provide phone numbers and date of birth after reading the certification statement. If the donor refuses to sign the certification statement, the collector provides a remark in STEP 2 on Copy 1.
- J. Collector completes STEP 4 (i. e., provides signature, printed name, date, time of collection and name of delivery service), immediately places the sealed specimen bottle(s) and Copy 1 of the CCF in a leak-proof plastic bag, places the tracking label from the CCF on the specimen package, releases specimen package to the delivery service and distributes the other copies as outlined in the standard operating procedure manual as required.

COMPLETING THE COLLECTION PROCESS:

Fax COPY 2 directly to the Medical Review Officer. Do NOT send to laboratory. File original with Collector's copy. Retain COPY 3 for your records. Do NOT send to laboratory.